UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WIT

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	 2
County Montgomery	Registration Dist. No. 217
Village or City Journally	No. St., Ward
Length of rasidance in city or town whare daath occurred	f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs, mos. ds
2. FULL NAME SAID Draw Graden	arustina
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write tha word) 5a. N marriad, widowad, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
	11/14/ 19/4 , to M/14/ , 19/4
5. DATE OF BIRTH (month, day, and yaar) N 60 14, 1933	I last saw h alive on , 19 ; death is sell
7. AGE Yaars Months Days If LESS than 1 day,O_hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profassion, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which	Gumolura L
work was dona, as SILK MILL, SAW MILL, BANK, atc	6 7760
Spallt III this	
year) occupation	Other Contributory Causes of Importanca:
(2. BIRTHPLACE (city or town) Sautous (State or country)	0,
	Spina Tifila
13. NAME Emer Sale Obustrong 14. BIRTHPLACE (city or town).	Name of operation Data of
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elean margaret Harmand	23. If daath was dua to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Eleaner Margaret Hammand	Accident, suicide, or homicide?
(State or country)	Whare did injury occur? (Specify city or town, county and State)
7. INFORMANT Some Gale Completing	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIOL OR REMOVAL AMALIAN	Manner of injury
Place Mostly Sun (run Oata nov 14, 1933	Nature of injury
19. UNDERTAKER Take by mats downty too (Addrass) Syn 1000 museute lelne	24. Was diseasa or injury in any way related to occupation of dacaased?
20. FILED Nov 18 , 1935 C. S. Bunsley. Refisirer.	(Signad)
If more blanks are needed, address State Registrar	2411 N. Charles Street Bellimore Persustant 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH
	(3)
County Montgomercy	Registration Dist. No. 214
	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME William Mr. atu	00d
(a) Residence: No. Say Hell Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
beison stirle slam	(Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	
wa & atwood	22. I HEREBY CERTIFY, That I attanded dacasad from
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days If LESS than	11 låst saw h de aliva on 14 / 1933; death Is seid
I dayhrs	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
74 4 23 ormin.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER ROOKKEEPER at	
SAWYER, BOOKKEEPER, etc.	Marma 10/24.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Do Data deceased last worked at his securation (month and	
10 Data deceased last worked at 11. Total time (years)	Chrone interstitial responsition curgo?
10. Data deceased last worked at this occupation (month and year)	Durction : four years.
	Othar Contributory Causes of importanca:
(Stata or country)	
- Breeze Geer Con	Janual arlans
13. NAME Virilliam Otterood 14. BIRTHPLACE (city or town)	Jehlerosis 2/1/3/
14. BIRTHPLACE (city or town)	Nama of operation Date of Date of
(State of country)	What test confirmed diagnosis? Tyan Was there an aulopsy?
15. MAIDEN NAME Grand Broonfield	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Company 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? 20 Data of injury 2007
(State or country) Mary and	Where did Injury occur?
7. INFORMANT Mice. Eva & attwood	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Law Hill . md.	hmi.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury 2000
Place St Maxeya Cemetorypaie nov. 6= ,1933	Natura of Injury
9. UNDERTAKER WAYNOX E. Pumplyou	24. Was diseasa or injury in any way related to occupation of decaased? 220
(Addrass) Rocker Que	If so, specify
	(Signed) M. D.
20. FILED 1 5 , 19 3 3 5 5 William Pagistrar.	(Address) Sandy Ofon Or
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement properly classified. IARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY, WITH TION is very important.

V. S. No. 1 B of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-50
County Moulgomery	Registration Dist. No. 26
Village or City Beltesde	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	
2. FULL NAME John Clyde Clus	In
(a) Residence: No. 1 1922 - Maislay Roo	& St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX A. COLOR OR RACE OR DLYORCED (write-the word) Married Married	21. DATE OF DEATH Downber 29, 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Dussex lusting	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 29-1882	I last sew h alive on 19 death is said
7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, et Desalo, m.
51 4 0 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
9 Trade profession or portionics	were as follows:
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER and Poace of Fice af SAWYER, BOOKKEEPER, etc. 10. Date deceased last worked at this occupation (month and	0 1 1 1 1 1
9. Industry or business in which work wes done, as SILK MILL.	Level Silatolias of
SAW MILL, BANK, etc. 1 Julium V alluay	Heart
- Spent III fins	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Schma Clabama	
13. NAME John Henry Church 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there en autopsy?
I 15. MAIDEN NAME Sucary vones	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Susau vns 16. BIRTHPLACE (city or town) Clabama (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Lussie Curtus (Address) 6 922 - Frankay Rd - Brelieda	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Delma - Wabana Dete Two. 30 ,1933	Neture of injury
19. UNDERTAKER DM. Pruben Vembling	24. Was diseese or injury in any way related to occupetion of deceesed?
20. FILED TON 30, 1933 B. C. Perry M. D. Registrar.	(Signed) (O, C, Cerry M.D. M.D. (Address) Bether & M.D.
/ Acgustar.	(Appless)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2 1020 //			
0.7%			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
N. S.			

V. S. No. 1 m

ż

 STATE OF MARYLAND— 	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(50)
county Montgomery	Registration Dist. No. 223
Village or City 1 a K om Fark	death occurred in a hospital or institution, give its NAME instead of streetland number)
(II	f death occurred in a hor pial or institution, give its NAME instead of street and number)
2. FULL NAME Mrs. Sugan Babeack	
(a) Residence: No. Riverdate Rd. (Usual place of abode)	St., Ward. Kiverdale Maryhand If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (NO.). (Month) (Day). (Year)
HUSBAND of Cor) WIFE of Mr Frank P Bascock	22. I HEREBY CERTIFY, That I attended deceased from 19.33 to Nov. 7 19.33
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h. alive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 1000. 2 11. Total time (years)	Date of onset
year) 1933 occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) ONG Eddy (State or country) West York 13. NAME Mr Summer Dunk	Small erosion or wheen, on skin of lag,
14. BIRTHPLACE (city or town) Mankella (State or country) New York	Name of operation Date of What test confirmed diagnosis Culture of mucroscope Was there an au'opsy? Use
15. MAIDEN NAME Mary Frix W 16. BIRTHPLACE (city or town) New York e. XV (State or country) New York	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, sulcide, or homicide?
17. INFORMANT Was hington Sanixarium Recards (Address) Taxona Park Maryand	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Lyalleville md Date Mov. 7, 1933	Manner of injury
19. UNDERTAKER & Sanga Sone (Address) Sygattevelle mod	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Mar T 1983 TO Coper of	(Signed) M.D.

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Tahona Pholind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. 6. No In

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Example I		Example II	
The principal cause of death-and-related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nonhaitie	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	4		

V. S. No. 1

1. PLACE OF DEATH	82-0
County montgomeny	Registration Dist. No. 214
Village or City & Que Strang	No. 74 Thanks are are the St, Ward If death occurred in a horpital or instribution, give its NAME instead of street and number) os. 14 ds. How long in U.S. If of foreign birth? yrs. mos. ds
Y 1 1 1 1 1 1 1 1	os. 14. ds. How long In U.S.Ti of foreign birth?yrsmosds
2. FULL NAME Sterber Whool	on Idahron
(a) Residence: ND. 741 Layer Gerlins (Usus place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
DATE OF BIRTH (month, dey, and year) July 5, 1877	I last saw him alive on November 20., 19.33; death is sai
AGE Years Month Days If LESS than 1 day,hrs	
S Trade profession or particular	were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER Railroad Brakeln SAWYER, BDDKKEEPER, etc.	and the state of the stage hours
kind of work done, as SPINNER Railroad Brakeln SAWYER, BDDKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date decesed last worked at this occupation (month and	
10. Date decesed last worked at this occupation (month and year) 12. Total time (years) spent in this 5.546	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town) Roppalanoch Count	Other Contributory Causes of importance: Only
13. NAME James E. Barron 14. BIRTHPLACE (city or town)	" Ucute Indomonery oldling Porty
14. BIRTHPLACE (city or town)	Name of operation. Date of
(State of country)	What test confirmed diegnosis? Wes there an autopsy? \\ \mathcal{L}_z
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. Control of town	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, sulcide, or homicide?
, INFORMANT games & Barron	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) () 74/Thayer are, Like ffring	Manner of injury
Place alexandria, Va. Date Moss, 23, 493	Nature of injury
9. UNDERTAKER WOWMON & Pumplocas (Address) Rockwille, My	24. Wes disease or injury in any way related to occupation of deceased? Not
0. FILED. 11/21/33, 19 5 & bulley & Registrar.	(Signed) A Howlett M. (Address) 928 Sline W. Silve Huma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

perly classified.

. No. 1 ARGIN RESERVED FOR BIL	ED	FOR	BII
B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	HIS	IS A	PER
mation should be carefully supplied. AGE should be stated E	l be	stated	E
VAUSE OF DEATH in plain terms, so that it may be properly c	r be	proper	ly c
TION is very important. See instructions on back of certificate.	to y	certific	ate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
county Monlgomery	Registration Dist. No. 2/8
Village or City near Muitary	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Bette Benne	X
(a) Residence: No. May livity My	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Temole Colored marcel marcel	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorted HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) March 25 186>	I last saw h. alive on Qef 7 , 19.5.5; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trede, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc.	were as follows: Oate of onset
9. Industry or business in which work was done, as SILK MILL.	Je francisco
SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) occupation occupation	Sypertrophic arthritis
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Decubilis
13. NAME Willem Ring	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT GOL Bernsett	Where did injury occur?
(Address) 13. work ville, med. 18. BURIAL, CREMATION, OR PEMOYAL	Manner of Injury
Place Howard Chapele Oate Holf 6 , 1933.	Nature of Injury
19. UNDERTAKER H. M. Sylder	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 200 6 , 1833 DH Desou	(Signed) Webles Sewell M.D.
If more blanks are needed, address State Resistrar.	(Address) Although the street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

V. S. No. 1

REC		Exac	
RMANENT	XACTLY	classified.	4
IS A PE	stated E	properly	certificate
HIS	be	be	of
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	mation should be carefully supplied. AGE should be stated EXACTLY. P	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exac	TION is very important. See instructions on back of certificate.
N.B	1)	

1. PLACE OF DEATH County M. D. Langth of reidlance in city or town was deeth occurred. Ward Langth of reidlance in city or town was deeth occurred. (a) Residence: No. (b) Hard or reidlance in city or town was deeth occurred. (b) Hard or reidlance in city or town was deeth occurred. (c) Residence: No. (c) Hard or reidlance in city or town was deeth occurred. (d) Residence: No. (d) Residence: No. (d) Hard or reidlance in city or town and State PERSONAL AND STATISTICAL PARTICULARS S. SLX (d) COLOR OR RACE S. SINCLE, MARRIED, WIDOWED S. SIMCLE, MARRIED, WIDOWED S. If I married, withowed, or diversed (whenth) (Wonth) (STATE OF MARYLAND—	CERTIFICATE OF DEATH 11270
Village or City Langth of residence in city or town wars death occurred. Village or City Langth of residence in city or town wars death occurred. Village or City Langth of residence in city or town wars death occurred. Village or City Langth of residence in city or town wars death occurred. Village or City Langth of residence in city or town and seath occurred. Village or City Langth of residence in city or town and seath occurred. Village or City Langth of residence in city or town and seath occurred in a bought for inside instead of exercising message. As the Very Control of Name of Control of	1. PLACE OF DEATH	(are)
Langth of residence in city or form whan death occurred. Langth of residence in city or form whan death occurred. S. How long in U.S. if of foreign birth? YE. Most. As Now long in U.S. if of foreign birth? YE. Most. As Now long in U.S. if of foreign birth? YE. Most. As Now long in U.S. if of foreign birth? YE. Most. As Now long in U.S. if of foreign birth? YE. Most. S. I. Ward. It numerident give city or town and State MEDICAL CERTIFICATE OF DEATH J. SEX A. COLOR OR RACE OB DYONCED (erric the word) S. II MERIED, WIDOWED OB DYONCED (erric the word) S. II MERIED, WIDOWED OB DYONCED (erric the word) S. I. HE REBY CERTIFY. The Listended deceased from fore he word was all state on the date stated above, at the word was all state on the date stated above, at the word was all state on the date stated above, at the word was all state on the word was dead of the word was dead on the word was dead of the word of the word was dead of the word of the wor	county Mantgamery	Registration Dist. No. 211
Langth of residence in city or town when a deeth occurred. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (c) SINGLE MARRIED WINDWED, OR DIVORCED (write the word) Sa. If married, widowed, or divorced will SRAND or Original Williams of Color of Corn Wilf or Original Wilson or Original State of Color of Corn Wilf of Color of Corn Wilf or Original State of Color of		
2. FULL NAME (a) Residence: No. (Unud place of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX (A COLOR OR RACE OR DYNORTH (with the word) S. SINGLE, MARKED, WIDOWED, Or wire the word) OR DYNORTH (with the word) S. Harried, widowed, or divorced (or) built of (or) built		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE DR DUYONCED (write the word) SI. If married, widowed, or divorced (with the word) SI. If married, widowed, or divorced (with the word) SI. If married, widowed, or divorced (with the word) SI. If married, widowed, or divorced (with the word) SI. If married, widowed, or divorced (with the word) SI. If married, widowed, or divorced (with the word) SI. If married, widowed, or divorced (with the word) SI. If married, widowed, or divorced (with the word) SI. DATE OF BIRTH (month, day, and year) SI. BIRTHPLACE (city or town) SI. DATE OF BIRTH (month, day, and year) SI. DATE OF BIRTH (month, day, and year) SI. BIRTHPLACE (c	01 1 4 0	Town rough in co.c. it of rotoigh bittin:
Clusted place of abode It numericient give city or town and State		
3. SEX 4. COLOR OR RACE OR DIVOKED (write the word) 5. If married, widowed, or divorced (Wonth) (W		
Sa. If personal processor of description of descrip	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) / 860 7. AGE Yeers Months Oays If LESS than 1 day,	Male Welite OR DIVORCED (write the word) 5a. If merried, widowed, or divorced	//- //- 193 33
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yeers Months Oays If LESS than 1 day,	HUSBAND of	101
7. AGE Yers Months Oays If LESS than I day, horsession, or perticular individual day, horsession, horses	6. DATE OF BIRTH (month, day, and year) 1860	
S. Trada, profession, or perticular kind of work dome, as SPINNER, SAWYER, BOOKKEPPER, etc.	7. AGE Yeers Months Oays If LESS than 1 day,hrs.	to heve occurred on the date stated abova, al. 11 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance of P. 244
12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (Steta or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Pleca. (Address) 19. UNOERTAKER (Address) 20. FILEO Name 19.3.3 Mallian & Acute 19.3.4 Mallian	8. Trada, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (Steta or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Pleca. (Address) 19. UNOERTAKER (Address) 20. FILEO Name 19.3.3 Mallian & Acute 19.3.4 Mallian	Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Steta or country) 17. INFORMANT (Steta or country) 18. BURIAL, CREMATION, OR REMOVAL Pleca 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 20. FILEO 10. Steta or country 11. BORNANT (Steta or country) 12. Was there an autopsys 13. In death wes due to externel ceuses (VIOLENCE) fill in also the following: 16. Accident, suicide, or homicide? 17. INFORMANT (Specify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Natura of injury 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 10. Signad) 11. Specify (Signad) 12. Was disaasa or injury in any wey related to occupation of decased? 11. Signad) 12. M. D.	- Spentin (month and	
What tast confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Steta or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Pleca. 19. UNOERTAKER (Addrass) 19. UNOERTAKER (Addrass) 20. FILEO Mar. 1/1, 19.3.3. Melian & Reword (Steta or country) What tast confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disaasa or injury 19. UNOERTAKER (Signad) (Signad) M. D.		Other Coutributery Causes of importance:
What tast confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Steta or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Pleca. 19. UNOERTAKER (Addrass) 19. UNOERTAKER (Addrass) 20. FILEO Mar. 1 . 19.3.3. Melian & Removal (Signad) What tast confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disaasa or injury If so, specify (Signad) M. D.	E 13. NAME Samuel F. Bennett	
What tast confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Steta or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Pleca. 19. UNOERTAKER (Addrass) 19. UNOERTAKER (Addrass) 20. FILEO Mar. 1/1, 19.3.3. Melian & Reword (Steta or country) What tast confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disaasa or injury 19. UNOERTAKER (Signad) (Signad) M. D.	14. BIRTHPLACE (city or town) . Company land 2	Neme of operation. Date of
16. BIRTHPLACE (city or town) (Steta or country) Accidant, suicide, or homicide? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Manner of injury Natura of injury 19. UNOERTAKER (Addrass) 20. FILEO More 1, 19.3 & Mellian & Lewy (Signad) Accidant, suicide, or homicide? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Addrass) Manner of injury 19. UNOERTAKER (Signad) (Signad) M. D.	(State or country)	What tast confirmed diagnosis? Was there an autopsy?
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Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Pleca. Charles Andre 1/1/3 , 1933 Manner of injury Natura of injury 19. UNDERTAKER (Addrass) 24. Was disaasa or injury in any wey related to occupation of decased? If so, specify (Specify city or town, county and State) Manner of injury Natura of injury (Addrass) 24. Was disaasa or injury in any wey related to occupation of decased? (Specify city or town, county and State) Manner of injury Natura of injury (Specify city or town, county and State) Manner of injury Natura of injury (Specify city or town, county and State) Manner of injury Natura of injury (Specify city or town, county and State) Manner of injury Natura of injury (Specify city or town, county and State) Manner of injury Natura of injury (Specify city or town, county and State) Manner of injury Natura of injury (Specify city or town, county and State) Manner of injury Natura of injury Manner of injury Manner of injury Natura of injury (Specify city or town, county and State)	5 16. BIRTHPLACE (city or town) - Translead .	
18. BURIAL, CREMATION, OR REMOVAL Pleca. Character Manage 11/13 1933 Natura of injury 19. UNDERTAKER (Addrass) 24. Was disaasa or injury in any wey related to occupation of decaased? 25. FILEO Mar. 1/ 1933 Millian & Lewy (Signad) J. M. D.		(Specify city or town, county and State)
19. UNOERTAKER CAddrass) 24. Was disaasa or injury in any wey related to occupation of decaased? 26. FILEO More 1/ 1933 Millian Elever (Signad) I M. D.	18. BURIAL, CREMATION, OR REMOVAL	
20. FILEO HOT 1/ 1933 Millian & Lewy (Signad) I N M. D.	19. UNDERTAKER HILLS & Price	
If more blanks are morded address State Periode and N. Charles State P. C. S.	Registrar.	(Address) ly ails May

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	415
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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DEC 5 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE O	MARYL	AND-C	ERTIFI	CATE	OF	DEATH
---------	-------	-------	---------------	------	----	-------

1	. PLACE O	F DEATH			11211
	County]	Montgomery ·			Registration Dist, No. 223
III A		ity Tako na Par		, (II	No. Washington Sanitarium & Hospital Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of resi	idence in city or town where	deeth occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2	2. FULL NA	ME Thelma I	Budd		Silver spring hof A 2 md
A-COUNTY OF	(a) Residen	ce: No. Washi	ngton Sa (Usual place	nitarium of abode)	St., Ward. Takoma Park, Md. If nonresident give city or town and State
		IAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
	Female	4. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED. D (write the word) ngle	21. DATE OF DEATH No vember 20 , 193 3 (Month) (Day) (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	red, or divorced			22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 19.33, to Nov. 20, 19.33
6.	DATE OF BIRTH	(month, day, and yeer)	ec. 28. 1	912	1 last saw h er alive on Nov 20, 19 33 death is said
_	AGE Yea		Days	If LESS than	to heve occurred on the date stated above, et. 10:30 Am.
	20	0 10	23	1 day,hrs.	The DRINGIPAL CAUSE OF DEATH end related causes of Importance were established:
OCCUPATION	kind of v SAWYER, 9. Industry or	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etcbusiness in which	Hous	ework	Tabejalose oslermilles
OCCUF	10. Date decease this occu	s done, es SILK MILL, L, BANK, etced last worked et pation (month and AUG 5 1933	spe	ime (years) nt in this upetion	and abduntal ofthise 2
12.	BIRTHPLACE (cit (State or cour	ty or town)	w York		Other Contributory Canses of importance:
ER	13. NAME	Willia	am Budd		
FATHER	14. BIRTHPLACE (State or	(city or town) country) Maj	ryland		Name of operation Date of West here an au'opsy?
ER	15. MAIDEN NA	ME Inez	Hill		23. If death was due to external causes (VIOL ENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (State or		dy Spring Maryland		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Sanitarium Records (Address) Washington-Sanitarium & Hospital					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	Place	TON, OR REMOVAL	L. Date Mar	1. 20, 1933	Manner of Injury
	UNDERTAKER (Address)	Hocksin	Jump	hrey	24. Was disease or indury in any way related to occupation of deceased?
20.	FILED WOV 2	o ,1933 St	Elo	Registrar.	(Signed) Work M. D. (Address) Aspergler Manglarum
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Broken TUS Not.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
284384			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

1. PLACE OF DEATH	(31)
County 7 Mongomeny	Registration Dist. No. 211
Village or City Tennsdalle	No. St., Wallf death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foralgn birth?yrs
2. FULL NAME Richard J. Bus	1.th
	Ct. Ward
(a) Residence: No. Vew 15 de (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
M. Widowed	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY. That I attended deceased for
(or) WIFE of Laura / Parkins - Tundence	22. I HEREBY CERTIFY, That I attended deceased fr
6. DATE OF BIRTH (month, day, and year) ang. 16, 1847	I last saw h / elive on Oct. 28 1933 ; dasth is s
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 9509 m.
86 3 15 Iday,hrs	
_ 8. Trada, profession, or particular	Oate of one
kind of work done, as SPINNER, Carpender SAWYER, BOOKKEEPER, etc.	Man.
Industry or business in which work was done, as SILK MILL, House Some	
SAW MILL, BANK, atc.	
10. Data daceasad last worked at this occupation (month and 1928 spent in this 40 occupation 40	
700-1-10	Othar Contributary Causes of Importance:
(State or country)	Cardio - Vaseula Comple-
13. NAME Notted Burdelle	- Lewison inversions hear + perings.
I S I - N	Name of acception
[State or country]	Name of operation Data of What tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Rhoda Buxdette	23. If death was due to externel ceuses (VIOLENCE) fill in elso that following:
16. BIRTHPLACE (city or town) Monly - 60.	Accident, suicida, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Jury Lugner Keys,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) R. D. Elarksburg (m.)	
18. BURIAL, CREMATION, OR REMOVAL OF LANGE STATE	Mannar of injury
Place Deplish Cem, My Data Not. 3, 1033	Nature of injury
19. UNDERTAKER Koy H. Barber	24. Wes disease or injury in any way related to occupation of deceased? 120
(Addrass) Jansonsville, Md.	If so, specify
20 FILED Orov. 3 1933 Della W. Burdett	(Signed) leage M. Joyer M.
Registrar.	(Address) Damason Ma

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAD W.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-TNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
county Montgomery	Registration Dist. No. 223
Village or City Johonho Took M	2. No. 1/2 Elm ave st., Ward
Length of residence in city or town where death occurred byrs mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME My William C	lock
(a) Residence: No. 112 Elm ave	St., Ward. Johoma York W.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 29 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mis Nancy Jones Clork	1 HEREBY CERTIFY. That I attended deceased from aug. 30 ,1933, to Nov 29 ,1933
6. DATE OF BIRTH (month, day, end year) Feb. 24. 1844	I lest saw h Jim alive on Nov 29 33; death is sold
7. AGE Yeers Months Deys If LESS then	to have occurred on the date stated above, at 3.35 cm.
9 9 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2 Anystat 1930
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. P. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10, Date deceased last worked at this occupation (month and seems in this	The state of the s
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 6.8	
12. BIRTHPLACE (city or town) Montgomery Co.	Other Contributory Causes of importance:
(State or country) Md.	Thy surrely of Prosente 1917
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Name of operation of Mor 24 79 3
	What test confirmed diagnosis? Was there an autopsy? — Was there an autopsy? — Was there are autopsy? — Was the fall of the was th
15. MAIDEN NAME 16. BIRTHPLACE (city or town). Woshington (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Was Vingje Phillips (Address) Jahrna Park Ma	(Specify city or town, county and State) Specify whether injury accurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURNAL, GREWAT TOTAL OR REMOVAL	Manner of Injury
Place Silver Springs Dote 12, 19 33	Nature of Injury
19. UNDERTAKER Warner E, Cumphrey (Address) Ron will, maruland	24. Was disease or Injury In any way related to occupation of deceased?
10(1)	(Signed) Comparity M.D.
20. FILED 124	(Address) Westington Santarin + Hospile

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Cercbral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Date of	11/20
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Example I	to design of the state of the s	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 B

20. FILED Nov 9 , 1933

OCCUPA-

Jo

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46)
County Montgomery	Registration Dist. No. 223
Village or City Takoma Park	No. Washington Saintarium + Hospital Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME William Parkey Coleman	
(a) Residence: No. R 7 19 # 3 (Usual place of abode)	St., Ward. Russville, Vurgina. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Married, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH November 4 , 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of myrtle Co. Coleman	22. I HEREBY CERTIFY, That I attended deceased from November 3, 1933, to November 7, 1933
6. DATE OF BIRTH (month, day, and year) november 9, 1877	Hast saw hime alive on November 9 , 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.20 a.m.
56 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmury 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this proposition of the state of th	Carginana of hoy 3:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Janerea 4
10. Date deceased last worked at this occupation (month and year) Navestalan 3, 1933 11. Total time (years) spant in this occupation 30 yrs.	
12. BIRTHPLACE (city or town) Sucedsville (State or country) Jennessee	Other Contributory Causes of importance:
13. NAME Henry F. Coleman 14. BIRTHPLACE (city or town) (State or country) Jennessee	Name of operation are a gall blallpate of wow 7, 33 What test confirmed diagnosis? Was there an autopsy? Tan
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Matilda Parkey 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Matilda Parkey	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Washington Santarium Resords	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ales bur q Date Nr. 97, 1933	Manner of injury
19. UNDERTAKER SEO Sh Phise Eo (Address) Wash DE	24. Was disease or injury in any way related to occupation of deceased?

Registrar.

0 M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
The state of the s			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

of OCCUPA.

Exact statement

V. S. No. 1 N. B.

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
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1. PLACE OF DEATH	<u></u>
County Montgomery	Registration Dist. No. 2/3
Village or City Length of residence In city or town where death occurred Styll	No. St., Ward Alf death occurred in a horpital or institution, give its NAME instead of street and number) Onoting ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME (a) Residence: No. (Usual place of abode)	Office Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
S. SEX 4. COLOR OR RACE OB DIVORCED (write the w	WED. 21. DATE OF DEATH
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) 1000. 38/93 7. AGE Years Months Days if LESS 1 day,	than to have occurred on the data stated abova, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Data of one Data of one Data of one Data of one 193
12. BIRTHPLACE (city or town) 12. State or country)	Other Contributory Canses of importance:
13. NAME Kreknows	- Showard mannes regions
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What tast confirmed diagnosis? They year Was that an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Ella Cooper	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Am framuse Dete Plan 35, 1	Mannar of injury
19. UNDERTAKER Month	24. Was disease or injury in any way raisted to occupation of deceased?
20. FILED 720 2 5, 1933 mm 24.7. Proces	(Signed) (Signed) M. (Addrass) Tockwelle, M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

S. No.

- aut

(Address)

(Address)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

If so, specify ___

Nature of injury_____

(Address)

24. Was disease or injury in eny way related to occupation of deceased?__.

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BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA 1. PLACE OF DEATH Jo should Registration Dist. No. 211 item Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth? vrs. mos. Length of residence in city or tewn where death occurred statement 2. FULL NAME St., Ward (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO. 21. DATE OF DEATH OR DIVORCED (write the word) Louis ululi namel (Month) BINDING ssified 5a. II married, widowed, or divorced HUSBAND of 22. CERTIFY. love (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly Days 7. AGE Years Months If LESS than to have occurred on the date stated above, et. FOR 1 day. The PRINCIPAL CAUSE OF OEATH end related causes of importance or min. were as follows: 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER. RESERVED he Jo SAWYER, BOOKKEEPER, etc may Andustry or business in which bac work was done, as SILK MILL SAW MILL, BANK, etc... 10. Oate deceesed lest worked et 11. Total time (years) this occupation (month end spent in this that veer) ___ noitsqueac instructions Other Coutributory Causes of importance: ARGIN 12. BIRTHPLACE (city or town). (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? ____ Was there an autopsy?____ OTHER important, 15. MAIDEN NAME in 23. If death was due to external causes (VtOL ENCE) fill in also the following: OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?____. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Should (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury WRITE CAUSE mation Nature of Injury ___. LION 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) II so, specify Registrar.

If 1

(Oav)

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(Year)

Oate of onset

That- I attended deceased from

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nore	blanks are needed.	address State	Registrar.	2411 N.	Charles S	treet Ballimore	Requesting 91	S. No x	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NUBEAU V. B. I			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-0
County Mont gomery	Registration Dist. No. 223
Village or City Takoma Park, maryland (If Length of residence in city or town where death occurred	No. Was hing to a Samitarium 1905 Ward death occurred in a hospital institution, give its NAME instead of street and humber) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Richard D. Crowley (a) Residence: No. 331 Essex Que. (Usual place of abode)	St., Ward. Chery Chase, Maryland If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH November 20, 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY, That I attended deceased from Movember 19, 1933, to November 20, 1933 tlast saw h. im. alive on November, 19, 1935; death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or or min.	to have occurred on the date stated above, at3a_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Sales man 1. Industry or business in which work was done, as SILK MILL, Eldeliky wules t menk (SSS). 10. Date deceased last worked at this occupation (month and year).	0
12. BIRTHPLACE (city or town) Charles ton (State or country) South Carolina	Other Captributory Causes of Importances fully
13. NAME George W. Crowley 14. BIRTHPLACE (city or town) Norfolk (State or country) Virginia	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Louisa Derant 16. BIRTHPLACE (city or town) Gillison Ville	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
27. INFORMANT Washington Sanitarium Records (Address) Takoma Park, Marytand	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place N 21 Do Date Flow 22, 19 2.3	Manner of injury
19. UNDERTAKER MM Markets CD (Address) 14 00 Company from 1937 20. FILED Play 20, 1937 4 Company from 1937	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requestion D. A. No. S. R.

N. B.—WRITE PLAINI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4	STATE OF MARYLAND—	CERTIFICATE OF DEATH	()_
	County Montgomery	Registration Dist. No. 24.6	
	Village or City Chevy Chase, Md.	No. St.,	Ward
	Length of residence in city or town where death occurred 21 yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	ds
2	FULL NAME Nellie Sanders Cusack,		
	(a) Residence: No. 110 Raymond St., Chevy C	hesse, Md. Ward. If nonresident give city or town and State	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	emale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH November (60) (Month) (Day) (Ye	3 ar)
5 a .	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY, That I attended decease	
_		July 24 ,1931, 10 nor 16 ,19.	
_	DATE OF BIRTH (month, day, and year) 1 eb., 19th., 1870 AGE Years Months Days If LESS than	to have occurred on the date stated above, at	ls sal
	63 8 2-7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
OCCUPATIO	9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Dther Coatribulary Causes of importance:	
12.	BIRTHPLACE (city or town) Texas	Palumon elema	
HER	13. NAME John Cusack	expainting	
FAT	14. BIRTHPLACE (city or town)	Name of operation	
HER	15. MAIDEN NAME Virginia McDuell	What test confirmed diagnosis? Mucolefrae Was there an autopsyle 23. If death was due to external causes (VIOLENCE) fill in also the following:	CO
MOTH	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Oate of Injury, 19 Where did injury occur?,	
17.	INFORMANT Edythe May Edwards, (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18.	Place Tost Line Sen Date Nov 18 1933	Manner of injury	
19.	UNDERTAKER She S. A. Arms Co. (Address) 2901-14th, St. N. W.	24. Was disease or Injury in approx related to occupation of deceased?	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
6c 100	Qa /		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING -WRITE PLAINLY, WITH N. B.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County mintgomery	Registration Dist. No.
Village or City nead Germahloun	No. A JOH & Youngalouse, My Ward leath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20_yrsmos.	
2. FULL NAME Columbus. Da	vis
(a) Residence: No. R 7 D # 2 Gosmante	11801 Wald. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. StNGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH // /9", 1933 (Month) (Day) (Year)
5a. If married, widowed or divorced I HUGBAND of COO WIFE of Cooking Davis	22. I HEREBY CERTIFY. That I ettended deceased from Nov. 29 1933, to Nov. 195, 1933.
6. DATE OF BIRTH (month, day, and year) Way 15''. 877 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at &
8 Trade, profession, or particular kind of work done, es SPINNER, Day laborer or farm SAWYER, BODKKEEPER, etc 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and spant in this	Reule armile Endocardie 1/1/2/33 Reule infolione Endocardie 1/1/0/33 Reval Remonhoge
12. BIRTHPLACE (city or town) wear Rooleaville Md	Dther Coutributory Causes of importance:
(State or country) 13. NAME + (auch Dave	
14. BIRTHPLACE (city or town) (State or country) Waryland	Name of operation
E 15. MAIDEN NAME WALLEN	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Canno Davidor Was (Address) & FD & Fermanton Was	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR SEMOVAL Place Toplan Sive Date Was 217, 1933	Menner of injury
19. UNDERTAKER Fred Gartner (Address) Gaillersfring Mid.	24. Was disease or injury in any way related to occupation of deceased? If so, specify a part and vaer ways.
20. FILED/1/21 1933 Ceft-D Norma M. C. Registrar.	(Signed) Splin Drump M.D. (Address) Dansonsly flig
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

and the same	(a) Residen	ice: No//	AUM. (Usual place	mary (RLSt.,	Ward.	If nonresiden	it give city or town	n and State
	PERSON	IAL AND STATIST	ICAL PART	TICULARS	1	MEDICAL C	ERTIFICAT	E OF DEAT	ГН
3. 51	EX M	4. COLOR OR RACE		RRIED, WIDOWED, ED (swite the word)	21. DATE C	F DEATH	nor	2 8	. 193
5a. I	f married, widow HUSBAND of (or) WIFE of	red, or divorced	0		22. Mar	HEREBY	CERTIF	Y, That I atte	ended deceased
e n	ATE OF BIRTH	(month, day, end yeer)	or 2 d	3-33	I last saw h	2.3			
7. A			Days	If LESS than	to have occurred	on the date state	d above, at		
TION	SAWYER,	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc.				Pus	non and related cau	13	Dateo
CUPA	SAW MIL	business in which s done, as SILK MILL, L, BANK, etc				gr	ancy	0	
0 0	this occu	ed last worked at pation (month and	11. Fotel	time (yeers) ent in this cupation	Other Coutribute	ory Causes of impo	rtance		
	State or cour		regen	ing, mes			a	una.	
HER	13. NAME	DE mus	Some	leus John				1	
l hom I	14. BIRTHPLACE (State or		omer	reep	Neme ef operation	on		Oate	of
-	15. MAIDEN NA	W.fl	oven in	of cons		med diagnosis?			
E	16. BIRTHPLACE (State or	(city or town) Mor	the Che	y Chave	Accident, suicide	lue to external cau e, or homicide?	***********		
17. 1	NFORMANT	Mrs - D	49rus	-		injury occurred in	(Specify city o	or town, county and	d State) C PLACE.
18. E		ION, OR REMOVAL	And s	ef Maryle	Manner of injury	y			
	HDERTAKER (Address)	C. F. 10	a Vries	i Estu	24. Was disease of	or injury in any we	ey related to occu	pation of deceased	12. Th
20 5		23 1930	5.6	AQ00	(Signed)	6/11	Myles	ull	
20, 1	ices-fames		ل ال			dress)	1.1.	1600	1 2

STATE OF MARYLAND-CERTIFICATE OF DEATH

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95.
County Monty	Registration Dist. No. 2/2
Village or City 12 all syllo	No. St, Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jane Degys	
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 24 , 193.2 (Year)
5e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attanded decaesed from
7,20	t tast saw har aliva on Jan 1923; daath is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Yaars Months Devs If LESS than	t tast saw h. aliva on the data stoted abova, at . T. P
about 70 - 1 days hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance wara es follows:
Trade, profession, or particular kind of work done, as SPINNER, None lawd	arganie Hearf about
SAWYER, BOOKKEEPER, etc.	Desce gut 1930
kind of work done, as SPINNER, None, Low SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, will for SAW MILL, BANK, atc. 10 Date deceased last worked at this occupation (month end spent in this securetion (month end spent in this securetion (month end spent in this securetion).	arters telestres
Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Casses of Importance:
(State or country)	
13. NAME Unknowy	
13. NAME Unknown 14. BIRTHPLACE (city or town). Unknowny (Stella or country)	Name of operation Date of
(Stata or country)	Whet tast confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Chrysler 16. BIRTHPLACE (city or town) Who was a country) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) Week how	Accident, sulcide, or homicide? Date of injury, 19
∑ (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Clarine & Davis (Addrass) Probable	Specify whathar injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR TEMOVAL Selling mod	Manner of injury
Placa Pro 26, 1933	Neture of Injury
19. UNDERTAKER Clause Horas	24. Was disease or injury in any way related to occupation of decaased?
(Address), Proposition	If so, specify
20, FILED ///26 , 1933 EW White Registrar.	(Signed) EW White II. D. (Address) Fredhold m.J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal eause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. ST			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1 week ago Chronic interstitial nephritis 1921 Run over by street car Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.-WRITE PLAINLY, WIT

MARGIN RESERVED FOR BINDING

V. S. No. 1

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Length of residence in city or town wheel death occurred. (If death occurred in a hospital or institution, give in NAME intended of street and number) and the control of	County / n rulg outer	Registration Dist. No. 2/3
Langth of residence in city or town phase death occurred TD no. 4. How long in U. S. If of foreign birth? yrs mos ds. How long in U. S. If of foreign birth? yrs		No. St Ward
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 7 11929	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAUT	July 5, 1927	Peritonitis	3 days ago
	A			
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		·		

FOR BINDING

IARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Minley	Registration Dist. No. 217
Village Dr City Clyde my	NDSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) LL ds How long in U.S. if of foreign birth?
P +	
2. FULL NAME Calhaune Wa	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CDLDR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH /// 3 8/ ,193_3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Confluence	22. HEREBY CERTIFY, That I attended deceased from
0 4 . 2 . 2	11/26, 1933, to 730, 1933 death is said
6. DATE OF BIRTH (month, day, and year) William 19, 1865 7. AGE Years Months Days If LESS than	1 1260
6 3 1 day,hrs.	to have occurred on the data stated above, at / 2001m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin.	were as follows: Date of one et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Coroner Theomtoses 11/30/
	7.59
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and lambda spent in this occupation coupation coupation coupation	
ml.	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Colinge her acardelia
13. NAME Richard Hace	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? The was there an au'opsy?
15. MAIDEN NAME Morey Jane Valtert	23. If death was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country)	Where did Injury occur?
17. INFORMANT Mes force Player. (Address) Bycheo da tre	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury 22002
Place Mash. NC Date Nec 1 ,1923	Nature of injury 2000
19. UNDERTAKER GO W Wise C	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Wash, W.	If so, specify
20. FILED Now 30, 1933 Clausly Registrar.	(Signed) M. D. M.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Įį.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	CERTIFICATE OF DEATH	87
1. PLACE OF DEATH		
County Moulyonsery	Registration Dist. No. 2	1.7
Village or City Olliey one.	Note Moule, Co. Sec. Stor restral death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	4ds. How long in U.S.if of foreign birth?yrsmos.	
2. FULL NAME Ovelen Foreman (a) Residence: No. Clarksburg & Manylan	ward.	
(Yualblace of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH November 23rd (Month) (Day)	193.3
5a/If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended de	eceased from
6. DATE OF BIRTH (month, day, end year) (weil 25, 1918	1 last saw h & elive on (/ / 2 2 /, 1924 ;	
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 9 4 m.	
15 6 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
9 Trade exofession or particular	were es follows:	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Elambara	11/16/27
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month and		17.17.53
10. Oate deceased last worked et this occupation (month end year) Florenties 15 113 occupation 3 yes.		
12. BIRTHPLACE (city or town) Clarksburg (State or country)	Other Contributory Causes of importance:	
- I way are	Pragnance, full Clear	
14. BIRTHPLACE (city or town) Clarkslung	Name of operation atdominal Octor Ogte of	119/33
(State of country)	What test confirmed diagnosis? There an au'	opsy?
15. MAIDEN NAME Selma Parman	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or fown) Labourg (State or country)	Accident, suicide, or homicide? Date of injury	, 19
	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Storpital Records. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION OR REMOVAL Commenters Date 24, 1933.	Manner of injury 2000 18	
19. UNDERTAKER Roy W Barber (Address) Faither bury me	24. Was disease or injury in eny way related to occupation of deceased?	20
20. FILED 14/2 5/, 19.33 CS Farisla Registrar.	(Signed) Soundy Spanny	M. 0.
If more blanks are needed, address State Registrar	2412 N. Chayler Street Relimore Persenting 7) S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	4-1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA. 1. PLACE OF DEATH pluods Jo Registration Dist. No. Torelgomety o. (If death occurred in a hospita for institution, we its NAME instead of street and number) Length of residence in city or town where death occurred ds. How long in U.S. if of foreign birth?_ statement SICIAN RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write tha word) male Dinale 5a. If married, widowed, or divorced HUSBAND of EREBY CERTIFY. That I attended docaased from (or) WIFE of 1933 to Two. 19 1933 certificate. 6. DATE OF BIRTH (month, day, and year) 77 7. AGE If LESS than 1 day __ 6 _ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance # 30 min. Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ RGIN RESERVED may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation _ Other Coutributory Causes of Importança 12. BIRTHPLACE (city or town (State or country) supplied FATHER 13. NAME 14. BIRTHPLACE (city or town OF DEATH in plain (State or country) carefully Was there an autopsy? 20 MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicida, or homicida? 16. BIRTHPLACE (city or town) (Stata or country) Where dld injury occur? ... be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnoys 17. INFORMANT ___ (Address) 18. BURIAL, CREMATION, QR REMOVAL Manner of Injury CAUSE 22 Date ... mation LION Nature of injury 24. Was disease or injury In any way ralated to occupation of deceased?. 19. UNDERTAKER If so, specify Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

an ottomine Greyn was amen morter An
Elampia Twin tobies were deliver. One this
This toly Junior 4 hours by deligent grouts to
secusatoti it. Come of drath could not to day
Krimy krymlety the laws gotten
and the same of th

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. LARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(67)
County Mint 4 my	Registration Dist. No. 2/3
Village or City Boy dy	NoWard
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Cemony I rela	X
(a) Residence: No.	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Office OR Divorced (write the word)	M /7 193 3
5a, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	On hov.14, 1933, to 19
6. DATE OF BIRTH (month, day, end year) March 13 - 1913	I lest saw h.d. amoon New 14 , 1933; deeth is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date steted above, et
20 8 1 ormin.	were a follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, Lumberus 9. SAWYER, BOOKKEEPER, etc.	The that print y
SAWYER, BOOKKEEPER, etc.	16
work was done, as SILK MILL, SAW MILL, BANK, etc.	(Dusday)
10. Date deceased last worked et 11. Total time (yeers)	
year) ocsupation Jylan	Other Coutributory Causes of importence;
12. BIRTHPLACE (city or town) 7/a	Asil
(State or country)	
13. NAME Frank Tilld 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	Whet test confirmed diegnosis? Was there en eu'opsy?
15. MAIDEN NAME Custing Custing of 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
[5] 16. BIRTHPLACE (city or town)	Account, suicide, or homicide? Dete of injurg/ 79/14, 19.3.3
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT M LICE NELO	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION OR REMOVAL	Manuac of Initial
Plece Crider Ja Dete Mr 16 1933	Manner of Injury
- G PP Da	A .
19. UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupetion of deceased?/
	(Signed) USLO- D Noruse, M.D.
20. FILED M 16 , 19 3 3 apl p will w	(Address) Dawsonvill Mi
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FO	OR FURTHER S	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
Village or City Jakarraa ale my.	Registration Dist. No. No. ///6 To Lower are St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	
2. FULL NAME Shish and Joyne (a) Residence: No. 116 Horay Care (Usual place of abode)	Slakor PR. Tuel. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 24 , 193 3-3 (Month) (Oay) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Learge F- Fyock.	22. I HEREBY CERTIFY That I thended deceased from
6. DATE OF BIRTH (month, day, end yee all -3 1850	I last saw half alive on from 2 4
7. AGE Years Months Oays If LESS than 1 day,hrs.	I I I I KINGII AL CAOSE OF DEATH and related conses of importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and	ashmatic Bronchitas ?
9. Industry or business in which work was done, as SILK MILL,	Muscular rheumhan 3
SAW MILL, BANK, etc.	Myrachal Wlakerero ?
10. Date decessed last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance of
(State or country), Jenn.	Mantition
13. NAME Yohn Reployle	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) (enm .	What test confirmed diegnosis? Mu Was there an au'opsy? No
15. MAIOEN NAME Contemporary	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of Injury
State or country) Centry.	Where did injury occur?
17. INFORMANT This Carrie Gugh.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL OF Jakona PR. 20	Männer of Injury
Place Mash. M. By Japae Mar. 27, 19 33	
19. UNDERTAKER W. W. Shaper of rus	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED NOV 26, 1953 HE Registrar.	(Signed) Washington M. O
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Balismore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Julyō,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-AGE should be stated EXACTLY. PHYSICIANS Exact statement properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH TION is very important.

FOR BINDING

JARGIN RESERVED

V. S. No. 1 N. B.

1. PLACE OF DEATH	3 3 JI291
County Istorilesomers	Registration Dist. No. 213
Village or City Desurgod (If	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (a) Residence: No. (Usual place of abode)	Higgins. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from 20. 1933 to 2007 6 1933
6. DATE OF BIRTH (month, day, and year) 2005-6, 1933 7. AGE Years Months Days If LESS than 1 day,	I last saw h
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oata deceased last worked at this occupation (month and year) occupation.	misering at I mo; -
12. BIRTHPLACE (city or town) Descurated (Stata or country)	Othar Coatributory Causes of Importanca:
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Data of What test confirmed diagnosis? These years was there an autopsy the
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass)	23. If death was due to external cause: (VIOLENCE) fill In also the following: Accidant, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Place In fluidles Date Note 1, 19-3-3	Manner of injury
19. UNDERTAKER C. C. Higgins (Address)	24. Was diseasa or Injury In any way related to occupation of deceased?
20. FILED. Mov. 6e , 1933 Mms . Frall Registrar. If more blanks are needed, address Sixta Parisman.	(Signad) And Horself M. D. (Address) Rockwill, May

STATE OF MADVI AND-CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example II		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1 N. B.—1

5 I A I E OF MARYLAND	CERTIFICATE OF DEATH
County Montgomery	2.8
100	Registration Dist. No.
Village or City Mr. / Clagettesofle	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yes from most	
2. FULL NAME Franville Holses	
(a) Residence: No. mr. Clasettesolle	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWFD,	21. DATE OF DEATH 2
M. OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	and the same
(or) WIFE of Edna Brown Hology	22. THEREBY CERTIFY, That I attended deceased from
	19.23 ,0 ,19 ,19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h and alive on survey with a last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
l or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, cr particular kind of work done, es SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Julmonary Harmosshage 2005 3
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked et this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc	Was found in a woods
10. Dato deceased last worked et 11. Total time (years)	where death occurred
10. Dato deceased last worked et this occupation (month end spent in this occupation was)	
12. BIRTHPLACE (city or town) Mr. Clasellesville	Other Contributory Causes of importance:
(State or country)	
13. NAME John Holson	
14. BIRTHPLACE (city or town) m. Blagettesville	Manua di Caratta
(State or country)	Name of operation
15. MAIDEN NAME Hette Polls	What test confirmed diagnosis? Was there an aulopsy? The
H 2 10 H	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) W. Garage	Accident, suicide, or homicide? Date of injury, 19
Little Stalans	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MANUEL (Address) & D. Mourocka Md	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	44
Place Friends Date Crov. 8, 1933	Manner of Injury
1 B B 11 1	Nature of injury
19. UNDERTAKER L. O. Seall Inc.	24. Was disease or injury in eny way related to occupation of deceased?
10 10 400	If so, specify
20. FILED Chov F , 19 33 d'ella W. V Surdette Lifing Registrar.	(Signed) Jerge M. Joya M. D. (Address) Damaseuk M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Q.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u></u>

8.4

1PLACE OF DEATH_	STATE OF MARYLAND
County Montgomery	GERTIFICATE OF DEATH
Commission of the second	Registration Dist. No. 2-16.
Village or City Chevry Chase. 650	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
² FULL NAME / FOUNDAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 STIVELE. MARRIED. Marvied OR-DIVORCED (Write the word)	200 Printer Month 19 (Day) 1938ar)
6 DATE OF BIRTH Delpter 3, 1887	17 I HEREBY CERTIFY, That I attended the deceased from 1922 to November 9, 1923
(Month) (Day) (Year)	that I last saw h Walive on \$ 1923
7 AGE H6 yrs. 1 mos. 16 ds. or min.?	and that death occurred on the date stated above, at O. J. S. cm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	(Jerro perulonea a Jarcoma
(b) General nature of industry business, or establishment in which employed or (employer)	Melastas Expansion
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds
10 NAME OF FATHER OLINE & Comments	(Signed) Clarence a Wagner M. D.
11 BIRTHPLAGE OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Elvera gregory	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Vergreea	At place of death 4 yrs. 6 mos. 4 ds. State 4 yrs. 6 mos. 4 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) In maternatural	usus residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) no machinity has	Fit Lincohn Country 4 21, 193
Filed /1-20-1933 Thomas Comal	20 UNDERTAKER ADDRESS Week. D.C.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more process of the loborer, Form loborer, Laborer—Coal minc, etc. Womwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation At Home, and children, not gainfully em-Stationary fireman, etc. But in many engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely stated unless important Example: Measles (disease American Medical Association.) approved by Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); inges, peritonoeum, etc., Carcinomo, Sarcoma, etc., ol Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite discase causing death), 29 ds.; L. shopneumonia (secondary) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be cough; Committee on Chronic valvular heart etc. Nomenclature The contributory Measles ; disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? vrs. mos. ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) marris Sa. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of The PRINCIPAL CAUSE OF DEATH and related causes of importance ----- Was there an autopsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURSAU V. 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation

should state of OCCUPA-

1. PLACE OF DEATH	93-0
County Mongament	Registration Dist. No. · 214
Village or City Kenkingtofu	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrsds.
2. FULL NAME Charles 11/00/2015	Hundl
(a) Residence: No. Jersin at The	Mst Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word) Male. 4. COLOR OR RACE OR DEVORCED (write the word) Married	21. DATE OF DEATH Overline 1 th 193 3 (Year)
5a. If married, widowed, or divorced HILSRAND. of (or) WIFE of Mary F. Hurdle	22. I HEREBY CERTIFY, That I attended deceased from Nov. 9. — 1933, to Nov. 11. — 1933
6. DATE OF BIRTH (month, day, and/year) 7. AGE Years Months Days If LESS than	I last saw haser alive on 2000. 9, 1933; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 6.70 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Chronic Mercardition 1020
S Industry or business in which work was done, as SILK MILL OLIVER BUSINESS OF THE PROPERTY OF	7-7-
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent In this occupation occupation	
12. BIRTHPLACE (city or town) Washington DC, (State or country)	Other Contributory Causes of importance:
13. NAME Washington R Hurdle 14. BIRTHPLACE (city or town) Wash. DC	Merioseleroses 1929
14. BIRTHPLACE (city or town) Ulash. De (State or country)	Name of operation Cloud Date of Cloud What test confirmed diagnosis? Cloud Was there an autonosy? Two
15. MAIDEN NAME Flore da Kleggens Hurd	23. If death was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Mary Church	Accident, suicide, or homicide?
(State or country) 17. INFORMANT Mrs. Welbey D. Steelby (Address) (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Place Por buill blues Date Dov 14, 1933	Manner of injury
19. UNDERTAKER WILLE PROCESSION TO CARDINE MS Pocksille MS	24. Was disease or injury in any way related to occupation of deceased? No.
20. FILED Mov. 13, 19. 33- Margaret . Tremearne	(Signed) Herry S. Brown, M.D. (Address) Newsington, Wed
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		SUR & 930	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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HIS IS A PERMA be stated EXA be properly class	TON is very important and a factorized by the classical structure of the careful control of the careful control can be careful control can be careful classical can be careful classical can be continued to careful can be continued to careful can be continued to careful can be
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11296
County Montgomery	Registration Dist. No. 214
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? 44 yrs. mos. ds.
2. FULL NAME Ada C. Killsone	
	St. Ward.
(a) Residence: No. 156 Wasle (Musual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH November 26 (Month) (Oey) (Yeer)
4. If merried, widowed, or divorced HUSDAND of Robert F. Killgore	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) February 5, 1873 7. AGE Years Months Days If LESS than I day,hrs. ormin.	I last saw h alive on, 19, 19; death is said to have occurred on the date stated above, et A, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
SAWYER, BOOKKEEPER, etc	Abronic my ocarditis June 1932
12. BIRTHPLACE (city or town) Petrolia (State or country) Outario Canada	Other Contributory Causes of Importance: Lyapluthalmic goite 1922
13. NAME William Bridges 14. BIRTHPLACE (city or town) usuls us down	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME EMMA Rouse 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. M. & Runyen	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place / Ochorfle Utiline Octo 11/28 , 1937	Manner of Injury
19. UNDERTAKERLI Register Preseptery. (Address) Rocherelle ma 20. FILED. Nov. 28, 1933 Margaret C. Tremearne. Registrar.	24. Wes disease or Injury In, any way related to occupation of deceased? 150 If so, specify (Signed) Katharine A. Ahapman M. D. (Address) 20 W. Balto, St. Kensington
If more blanks are needed, address State Registrar	2411 N Charles Street Baltimore Requesting 71 S No.

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Example I	•	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

The patient was found dead in bed; no evidence of
struggle - apparently died in her sleep of acute
dilatation of the ugest or coronary the ombosis. As
That never blad her as a patient let is impossible to
state. History of "heart attacks" hast 16-18 mouthly

A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. UNFADING INK-THIS IS (ARGIN RESERVED mation should be carefully supplied. AGE should be -WRITE PLAINLY, WITH

V. S. No. 1

should state

STATE OF MARYLAND—	GERTIFICATE OF DEATH 11297
1. PLACE OF DEATH	99-c
County Moulgourre	Registration Dist. No. 2/3
Village or City Derewood	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of toreign birth?mosds.
2. FULL NAME Jama Me	lls
(a) Residence: No. A Erwood	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 193 3 (Month) (Day) (Year)
5e. If married, widowed, or divorced	
(or) WIFE of Tenger, Mells	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sah 23-1858	Chast saw here alive on Thor 17, t9.33 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at SA-m.
75 / 33 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causos of Importance were as follows:
2 Trade profession or particular	Oate of onset
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bronchofeneumonia noon
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	1933.
SAW MILL, BANK, etc	
O this occupation (month and spent in this year) occupation	
	Other Contributory Causes of importance:
(State or country)	Tentesioselusses ? 1900
	mystaralles, chessee
E / //	
14. BIRTHPLACE (city or town) Caucas (State or country)	Name of operation
	What test confirmed diagnosis? They was there an autopsy to
H CONTRACTOR	23. If death wes due to external causes (MOL ENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?, 19, 19, 19
W. a. & An i.e.	Where did injury occur? (Specify city or town, county and State) Specity whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	Specity whether injury occurred in INDUSTRY, IN HOME, OF IN PUBLIC PLACE.
ts. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place To clavelly med Date Mrs 21, 1933	Nature of injury
10 HUGERTANES DANS Rank Branch	24: Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	It so, specify
20, FILED 1/120 1933 Mrs. W. J. Prace	(Signed) Malle Healthurd M. D.
20. FILEO 100 , t935 PMG. W. V. Registrar.	(Address) Rochwille, mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING AUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WIT

V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARY	LAND—	CERTIFICATE OF DEATH	1298
1. PLACE OF DEATH		210-m	h
County Montgomercy		Registration Dist. No.	0
Village or City Kockerees,	md.	ND. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
0.	yrs,mos.	ds. How long in U.S. if of foraign birth?yrs,	
0 00:00	rande	- Morrie	
(a) Residence: No. (Usual place of	abode)	St., Ward. If nonresident give oil y or town ar	d State
PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH	o Didic
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRI		21. DATE OF DEATHY	
OR DIVORCED	(write the word)	1/ovember 4	. 193 3
5a. If married, widowad, or divorcad	ad	(Month) (Day)	(Year)
HUSBAND of		22 I HEREBY CERTIFY, That I attende	d deceased from
Margaret no	TTLO	Morentar 19.33, 10	19
6. DATE OF BIRTH (month, day, and year) \$ 00, 5.19	297	t last saw h	a; death is said
7. AGE Yaars Months Days	If LESS than	to have occurred on the date stated above, at 7.30 Pm.	
46 8 29	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
_ 8. Trade, profassion, or particular	01	were as follows:	Data of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaased last worked at lil. Total time this occupation (month and separate se	cian	Troke nick	
9. Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, atc			
	a (years) in this ation		
12. BIRTHPLACE (city or town) Sarranton	~	Other Contributory Causes of Importance:	
(State or country)	-L23	mulomore, m	
13. NAME Some Come. Constant of the second come.	io	potin inglinay -	
14. BIRTHPLACE (city or town)		Nama of operation Date of	
(State of country)	d	What test confirmed diagnosis? Was there an	autopsy?_/20
15. MAIDEN NAME ROLLED CONTRACT	austra	23. If death was due to external causes (VIOLENCE) fill in also the following	ng: /
15. MAIDEN NAME		Accidant, sulcide, or homicide?	V. H. 19.3.3
(State or country) Maxieland		Where did injury occur? Proffee Soughney mer	Toward.
17. INFORMANT ON NOVICE		(Specify city or town, county and St Specify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC P	ate)
(Addrass) Rockerille	ma	Onthe place	
18. BURIAL, CREMATION, OR REMOVAL		Mannar of injury Should by fortonoch	4
Place It may Rabulle Date nov.	8 1922	Nature of Injury broken mark	
harry Q ? land		24. Wes disaase or injury in any way related to occupation of decaased?	na
19. UNDERTAKER ATMILE SOMETHINGS (Addrass) ROCKUILE		If so, specify	
111		(Signad)	M. D.
20. FILED 12 , 1933 Mus. N. J. O.	Registrar	(Address)	mo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1 .		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

T RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
IS A PERMANENT	stated EXACTL	properly classified.	certificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
County Moret gornery,	Registration Dist. No. 214
Village or City Selven Aprily	No. Holding Cott St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 10 yrs	
2. FULL NAME Charles Holcouch	aferroe
(a) Residence: No. 401 Alego leve Sel. A	por Mul. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of deth Mal Volsenoe	22. I HEREBY CERTIFY, That I attended deceased from
7 1884	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month's Days If LESS than	I last saw h; death is said to have occurred on the date stated above, at 12.0 Am.
119 1 G 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8 Trade, profession, or particular	were as follows:
kind of work done, as SPINNER tonuloust	May 16
kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
9. Industry or business in which work was done, as SILK MILL S. Supply agriculture.	4
- I Spantin this /	
year) octupation	Othar Contributory Canses of Importanca:
12. BIRTHPLACE (city or town) Maulallan	arterio schown 5
(State or country) Name of	-
II 13. NAKEdevin Cloryo Popluse	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Carrie Stoleout	23. if death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAMBORITE / Locardo	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lilk Mal Poperory. (Address) 401 Pligs and Color Spg, Mid	Specify whather Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, DR REMOVAL	Mannar of injury
Place No accept to pate 1000 10 , 1972	Nature of injury.
19. UNDERTAKE Conard M. Rawler (853) (Address) Housing on, Mil.	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED WOW IN , 1933 TE Walled Resignar.	(Signed) All Hayne M. D. (Address) files farms, M.
If more blanks are needed, address State Registrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Mantgomery	Registration Dist. No. 2/1
	The Montgomen County Que those. Ward death occurred in a hospital or institution, give its NANE visited of street and in mber)
Length of residence in city or town where deeth occurredyrsmos	. 23 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Grithus Priels	
(a) Residence: No. Qaithersburg K.	EST. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	1. DATE OF DEATH November 23, 1933 (Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, and year) July 5 1892	I last sew h. VM alive on Nov 29 ,1933; deeth is said
7. AGE Years Months Days If LESS then	to heve occurred on the date stated ebove, etm.
41 4 18 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	21.106
Industry or business in which	myocardilis 3/1/33
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked at this occupation (month and yeer) 10/130/33	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importence:
(State or country) Howard Country, Md.	Chronica nophratis
E 13. NAME Herman Prishe	The has person
13. NAME Herman Priebe 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) Jenus any	Whet test confirmed diegnosis? NO Wes there en eu'opsy? NO
15. MAIDEN NAME Bentla (militarion)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Best (unknown) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
∑ (State or country) Germany.	Where did injury occur?
17. INFORMANT Hospital Peerds. (Address) Chen land and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place M Caracl Dete NOV 25 , 1933	Neture of Injury
19. UNDERTAKER Ray W. Barley (Addiess) Landensialle III	24. Was disease or injury In any way related to occupation of deceased? 200
20. FILED Nov 27, 1933. C. S. Barnsley. Registrate	(Signed) Chas & Smith Shows M. D. (Address) Sandy Shows had
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURKAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

BINDING

RESERVED

ARGIN

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Tohans Ple Wed

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Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance:	1 year	
Mug 1,1020	dies outstand	1 gear	
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

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בטי טי	NK-THIS
>	17
HOLIN RESERVED FOR	UNFADING INK-THIS
5	WITH
	PLAINLY.
	Int.

County Montgomer CERTIFICATE OF DEATH Registration Dist. No. 2.1.6. revy Mare No. 21 If death occurred in uncel St : Ward) a hospital or Institution give its NAME instead Homes of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGER 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIEO WIDOWER OR DIVORCED (Month) (Dav) (Year) Write the word HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month (Day) (Year) that I last saw h.A.s.a. allve oa 7 AGE If LESS than and that death occurred on the date stated above, at 5 20 1 day, ... hrs. The CAUSE OF DEATH* was as follows: OR min. BOCCUPATION (a) Trade, profession, or particular kind of work///amu (b) General nature of Industry. supplied. business, or establishment in which employed (or employer) (Duration). 9 BIRTHPLACE (State or cou 11 BIRTHPLACE 20110 1933. (Address) PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN SIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE OF MOTHER State yrs mos. (State or country Where was disease contracted 14 THE ABOVE IS TRUE If not at place of death? CAUSE OF 1 15 20 UNDERT

If more blanks are needed, address State Registrar, . Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND 1 PLACE OF DEATH

[Approved by U. S Census and American Public Health Association.]

engaged in the duties of the household only (not paid "Foreman," "Manager," "Dealer," etc., without more of the second statement. and therefore an additional line is provided for the and also (b) the nature of the business or industry, ments, it is necessary to know (a) the kind of work on the first line will be sufficient, e. g., Farmer or The question applies to every person, irrespective of occupation is very important so that the relative For persons who have no occupation whatever, write fact may be indicated thus: Farmer (retired 6 yrs.) at beginning of illness. count of the disease causing death, state occupation the occupation has been changed or given up on acvice for wages, as Servant, Cook, Housemaid, etc. the occupations of persons engaged in domestic serchildren, not gainfully employed, as At school or At entered as Housewife, Housework, or At Home, and Housekeepers who receive a definite salary), may be precise specification as Day laborer, Farm laborer bile factory. Salesman, (b) Grocery; (a) Forcman, (b) Automo-As examples: (a) Spinner, (b) Cotton Mill; (a) latter statement; it should be used only when needed But in many cases, especially in industrial employengineer, Civil engineer, Planter, Physician, Compositor, Architect, Locomotive Laborer Statement of occupation-Precise For many occupations a single word or term Carc should be taken to report specifically -Coal mine, etc. The material worked on may form part of various pursuits can be If retired from business, that Women at home, who are Never return "Laborer," Stationary fireman. etc. statement of

Statement of cause of death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhod pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Car-

> such, if impossible to determine definitely. valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig-"Contributory." g., scpis, tctanus) my be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mia." "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," thonia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Meastes; Whooping Cough; Chronie einoma, Sarcoma, etc., of(name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of the skull, and consequences (e. by carbolic acid—probably suicide. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," The nature of the State cause for Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

468

V. S. No. 1

#	02	0	1
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every it	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	1
RECO	PH.	Exact	
MANENT	ACTLY	assified.	
A PER	ated EX	operly cl	tificate.
SI SI	e st	e pr	f cer
IK-THI	should b	t may b	TION is very important. See instructions on back of certificate.
ING IN	AGE :	so that i	ctions or
UNFAL	upplied.	terms,	e instru
WITH	efully si	n plain	nt. Se
MINLY,	be care	EATH i	importa
E PLA	should	OFD	s very
-WRIT	mation	CAUSE	TION i

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(59)
County Word & Arriery	Registration Distriction 2/3
Village or City Darreslow R7.	10 10. 3 Gardhershing Md . St., Ward of death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30 yrs	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Many Callinne	Kiskells
(a) Residence: No. Sastustian (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced 1035AND of	i HEREBY CERTIFY, That I attended deceased from
(or) IMFE-of 2 F UCC-US	Aan 1917 to Sw 26 10 33
6. DATE OF BIRTH (month, day, and year) Was 14 - 1870	I last saw here elive on 1 26 , 19.63; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.20 Pm.
63 63 1 day,hrs.	mere as follows:
9 Trade profession or particular	General arterial Solerons 1927
8. Trade, profession, or particular kind of work done, as SPINNER Housewife SAWYER, BOOKKEEPER, etc.	Chronic hephriles 1930.
9. Industry or business in which work was done, as SILK MILL, Harming SAW MILL, BANK, letc.	Deahete Melliter 1928
	myocardile 1920
O 10. Date deceased last worked et this occupation (month end yeer)	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(State or country)	
13. NAME V tomas / Celly. 14. BIRTHPLACE (city or town). Manylask	
14. BIRTHPLACE (city or town) Maryland	Name of operation have Date of
(State or country)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Matilda Tran	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Matilda Gray 16. BIRTHPLACE (city or town) Manyland	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Ernest Cycletts (Address) 17. D. H. 3 Garchersking Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Darulo town Dete Mr 30, 1933	
19. UNDERTAKER Rules Purpling (Address)	24. Was disease or injury in any way related to occupation of deceased? 200
20). FILED Clark U 1933 Upl D Rouse U Registrar.	(Signed) Wolfen Whouse Med M.D. (Address) Dansverle Med M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED -WRITE PLAINLY, WITH

V. S. No. 1 8 ż should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	11304	
County Montgomery	Registration Dist. No. 216	
Village or City Chery Charl hed,	No. 14 East (word buil St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where daath occurredyrsmea	ds. How long in U.S. if of foreign birth?	
2. FULL NAME Daward T.	Darlwelf	
(a) Residence: No. 14 Coast Woodburg (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH 20 (Month) (Day) (Year)	
5a. If marriad, widowad, or diverced HUSBAND of (or) WIFE of Saalwell	22. HEREBY CERTIFY, That Lattendad deceased from	
6. DATE OF BIRTH (month day, and year) Que 12-1887	I last saw h alive on all fit h 19 ; deeth is said	
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, atlm.	
46 2 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic Asthua Date of one et	
9. Industry or business in which work was done, as SILK MILL, U.S. Yovenut		
SAW MILL, BANK, etc		
O 10. Date deceased last worked et this occupation (month end year) occupation occupation		
12. BIRTHPLACE (city or town) The York States (State or country)	Other Contributory Causes of Importance:	
13. NAME W. S. Sarlwell		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Mary Jean Jalleger	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Data of Injury, 19	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Willows To Sarlivel (300) (Address) 421- Lallalin & n who	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place/// Occurt No Date / 1 0/ 19	Nature of Injury	
19. UNDERTAKER V , V , Open Cle Inc.	24. Was disease or injury in any way related to occupation of dacaased?	
20. FILED Nor 7 , 1933 BIC Gerry M. D. Registrar.	(Signad) Detherda, May Local Registras	
If more blanks are needed, dddress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND PLACE OF DEATH THE RESERVE OF THE PARTY OF THE CERTIFICATE OF DEATH County properly classified. Registration Dist. No. 6319 - Conn. (WESt: 3 Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. The may be n back OR DIVORCED pino (Write the word) (Month) 2 (Day) HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH Ø (Year) (Day) (Month) U and that death occurred on the date stated above, at IIf LESS than 7 AGE The CAUSE OF DEATH * was as fellow I day hrs. B OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in ...(Duration) which employed or (employer) Villiams Contributory Secondary 9 BIRTHPLACE (State or country) (Duration) D III 10 NAME OF OO (Signed) FATHER 1983 (Address) II BIRTHPLACE *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER FZ CAUSI CAUSI (State or country) 18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 90 CUT 13 BIRTHPLACE At place State......yrs.....mos.....ds. OF MOTHER WO of death ... (State or Country) Where was disease contracted, 00 CIANS should statement of C if not at place of dea h?. usual res.dence . (Informant) W. Saratoga St., Balto, Luquesther If more b.anks are needed, addre. a Ltate Registrar, 16

(If death occurred In a hospital or institution, give its NAME is stead of street and

DATE OF BURIAL

number.)

MARGIN

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Colton mill; (a) Salcsman. nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Automobile factory. The material (6) Grocery;

s, inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Broncho:preumonia ("Pneumonia,

> (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. valvular heart The contributory Always qualify all disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

and be obtain and be obtain

or- orte A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	11306
infor- state UPA-	1. PLACE OF DEATH	46	123
ould occ	County Wortgomery	Registration Dist. No.	14
2 2	Village or City Daboura Partle	No Washington Santarishin	andres
.= 0	Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and street	os. ds.
SD. Every YSICIANS statement	2. FULL NAME FRANCISCO SINA		
ICI aten	100	the Madad	
CORD. Every PHYSICIANS act statement	(a) Residence: No. (o d	If nonresident give city or town and	State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale What Or Divorce (write the word)	21. DATE OF DEATH VOVEMBER (Month) (Day)	., 193 3 (Year)
RMANEN' X A C T L classified.	5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , ,	
TATA A C A C assi	(or) WIFE of Treille Shuford	22. I HEREBY CERTIFY, That I attended September 19, 1933, to November	
EX EL	6. DATE OF BIRTH (month, day, and year) Que (0.1877	Hast saw h. Ann alive on November 3. 1933	
PI PI d I d I erly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
IS A PE stated E properly certificate.	56 2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	10.4
	Z 8. Trade, profession, or particular		Date of onset
Hada	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cancer of Stomach	July-173
VK—T) should it may n back	work was done, as SILK MILL, but bramess	0	
	10. Date deceased last worked at 11. Total time (years)		
AKGIN KESE NFADING INI pplied. AGE sl erms, so that it instructions on	year) this occupation (month and spent in this 5446	Other Contributory Causes of importance:	
DIN A So t	12. BIRTHPLACE (city or town) Holly Springs Miss.	Street Coastastics Coastast of Importance.	
'AL ed.	(State or country)	Carreer of Twee.	Sept. 19:
AKU. TH UNFA y supplied ain terms, See instri	13. NAME translin Shifod 14. BIRTHPLACE (city or town) Mostle Carolina (State or county)		
sul sul	7 14. BIRTHPLACE (city or town) Mostly Cardina	Name of operation Date of	Ock 8-17
	(State of Country)	What test confirmed diagnosis? Was there an a	
PLAINLY, WITH hould be carefully OF DEATH in play very important.	15. MAIDEN NAME Y COOLS 16. BIRTHPLACE (city or town). La Jana	23. If death was due to external causes (VIOL ENCE) fill in also the following	
NLY, be car	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
be be imp		(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACF
E PLA should OF D	17. INFORMANT (Address)		
sho E OI	18. BURIAL, CREMATION, OR REMOVAL Woodsect Centry	Manner of Injury	
on ISE	Place Alver springs Date /1 - 47 - 19 33	Nature of injury	
-WRITE PLAINLY, mation should be car CAUSE OF DEATH TION is very imports	19. UNDERTAKER Warney E. Organphry	24. Was disease or injury in any way related to occupation of deceased?	
j _	(Address) Rochville Ind,	If so, specify arres made	
a a	20, FILED 1/-5-33, 19 J.E. Wudling	(Signed) with John die	7 M. D.
T	Registrar.	(Address) also M. L.	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ogo	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be WITH B.-WRITE PLAINLY,

FOR BINDING

ARGIN RESERVED

V. S. No. 1

ż

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Mant gamery cour	Registration Dist. No.
Village or City Tahabina Vath	No. 11 Chardland Ove St., W If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmc	
2. FULL NAME (alherene Umel	a Hacy
(a) Residence: No. // Washington Cure (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR MACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lift married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Cor WIFE of Colfeet Carlon Stacy	22. 91 HEREBY CERTIFY, That Jattended deceased f
DATE OF BIRTH (month, day, and year) Cect 25, 1844	I last saw h_ Coalive on
AGE Years Months Days If LESS than 1 dey,hrs	THE FRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of Date o
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Charles My readition with times
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Comary, Thrombon octs
10. Date deceased last worked at this occupation (month and spent in this	Candra Dies persalin 1, 4
year) occupation occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	
(State or equative) 13. NAME School Fordan Cive	Red. 19 portale menos
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Due 19 Stoled Land Cable	Specify whether Injury occurred in NDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Groveland Date Nov. 14, 19.35	Manner of Injury
9. UNDERTAKER The SI H Himes Co (Address) Washings	Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? NA
20. FILED 11/13 , 1933 A Exagers Registrar.	(Signed) (Address) 20 Convel am Cahon Ru

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	
Les y				

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI Jo Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth? statement SI If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 2. SEX 4. COLOR OR RACE 5-SINGLE, MARRIED, WIDOWED. DIVORCED (write the word) (Day) (Year) 5a. If married, widowed, or diverced HUSBAND of CERTIFY, That I ettended deceased from (or) WIFE of certificate 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, et I dayhrs. or min. Oata of onset Trade, profession, or particular TION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which may plnods OCCUPA work was done, as SILK MILL, SAW MILL, BANK, etc.... Date deceased lest worked at 11. Total time (yeers) this occupation (month an spent in this that occupation ___ instructions Other Contributory Causes of important 12, BIRTffPLACE (city or town) (State or country) supplied. terms, HER 13. NAME FAT See Neme of operation... 14. BIRTHPLACE (city of town) plain (State or country What test confirmed diagnosisefully Was there an au'opsy? MOTHER 15. MAIDEN NAME important 23. if deeth was due to external causes (VIOLENCE) fill in elso the following: in Accident, suicide, or homicide? Date of injury OF DEATH 16. BIRTHPLACE (city or town) __ Las (State or country) Where did injury occur? be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT should (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation LION Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify Registrar.

BINDING

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Date of onset	The principal cause of death and related causes	Date of oncet
	of importance were as follows:	pare of pligat
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
Iay 1,1923	Gastroenteritis	1 year
	1921 uly 5 ,1927	1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.

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Registrar.

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M. ave mis

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No. 1	WRIT	mation	CAUSE	. TALOTHE
V. S. 7	N. B.	1	T	-

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11010
County Monly omery	Registration Dist. No. 2/6
	cello. The ward of the standard of the standar
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Treclrick J	St., Ward. H nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH bout Mus 5, 193, 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 1 HEREBY CERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) May 18-18/3	I last saw h alive on
7. AGE Years Months 7 Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Body found in bed about
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and spent in this	Aut Inducto after death
12. BIRTHPLACE (city or town) Brooklyn (State or country)	Other Contributory Causes of importance: Palural Souses Probably cerebral hemovrhage
	civen
13. NAME FED - F. (Irothson) 14. BIRTHPLACE (city or town) Levent, Ougland	Name ef operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Josephine Hayes	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) 3 to believe The State or country)	Accident, suicide, or homicide? Date of injury, 19
Sister (State of County) Sister 17. INFORMANT Mis. John Hammen (Address) Address)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mashing to N.S. Date DEC 4, 1933	Nature of injury
19. UNDERTAKER UM. Peuben Rumphury (Address) Policieurly	24. Was disease or injury in any way related to occupation of deceased?
20. FILED LOC 4 1, 1933 D. C. Gerry on &, Registrar.	(Signed) J3, C. Flery M. E. (Address) Bethesday, M. E.
F If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
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WESSEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

it may

CAUSE OF DEATH in plain terms, so that mation should be carefully supplied.

TION is very important.

19. UNDERTAKER

20, FILED 11/29

(Address)

properly classified

certificate.

See instructions on back of

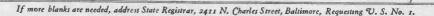
of OCCUPA-

Exact statement

-WRITE PLAINLY, WITH

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Montgomeras	Registration Dist. No. 2/3
Village or City Pot Soulle	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
and the parties of th	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME The Fyler	
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. STNGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(por 27 1932
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Husan Anger.	1200. 27, 1923, to 1200, 27, 1932
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days of LESS than	I last saw h. As alive on
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	were as follows:
8! Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Malossas Silast desens
S. Industry or business In which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and spent in this	
year) host, 25 occupation 15 mps	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	ower constantly carried of importance.
(State or country) Md	
13. NAME Robert Tyler 14. BIRTHPLACE (city or town)	
	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MALE MALE	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Justin Figure	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Sincola Park Date nov. 29,1933	Manner of injury



Registrar.

If so, specify

(Signed)

(Address)

24. Was disease or injury in any way related to occupation of deceased?

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH

OF DEATH
76
2 8 7 , 193 3 . (Yaar)
Y. That I attended deceased from overwhele 28, 19.33
28, 19.33.; death is said 5.0.m.
Data of onset
Je June 13,19
Date of
ill in also the following: Date of Injury, 19
rtown, county and State) DME, or In PUBLIC PLACE.
pation of deceased?
le Silver Yaring M. D.
See

STATE OF MARYLAND—CERTIFICATE OF DEATH 11312

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BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND	-CERTIFICATE OF DEATH 11313
1. PLACE OF DEATH	(50)
County Mand gamely	Registration Dist. No. 2/3
Village of the Lermanton	NoSt.,Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign hirth?yrsmosds
2. FULL NAME PLULAULED Jan	2 1-4 aula Malter
(a) Residence: No. R. Y. D. H. J. T. 3.0.4	d or the diant
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Fem de 4. COLOR OR RACE OR DIVORCED (Write the word)	
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	21 Birth 11/26, 1923 to 19
6. DATE OF BIRTH (month, day, and year) That 36: 1933	I last saw h. U. alive on Nov. Z64 1933; death is sai
7. AGE Years Months Days If LESS the	an to have occurred on the date stated above, at 1.0.2m.
1 day, -/31-	
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Premalux Berth at Mo. Develor
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific properties).	Fors of Boday Joseph Morris
- I this occupation (month and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
E Oron	Name of according
4. BIRTHPLACE (city or total) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME MA QUALLE & Guttin	23. If death was duo to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mardle & Griffen 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Qubry & Malters.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
(Address) RTD And MA	
18. BURIAL, CREMATION, OR REMOVAL GROUND	Manner of injury
Place Prints (24) Date NOV. 21 ,19	Nature of injury.
19. UNDERTAKERALIONING MA Parent. aubry had	24. Was disease or injury in any way related to occupation of deceased?
(Address) Q & A # / Boyles July	If so, specify
20. FILED MF 27 1922 after D lourse	M. (Signed) Willes & Nounty M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

STATE	OF	MADVI	ABID	CEDTIE	CATE	OF	DEATE
SIAIF		MARYI		CERLIE	LAIF		
	\smile						

1	I. PLACE OF DEA	TH C	i matic	ILAND	——— (a)	11314
	County	nta Ro			Parietzati	on Dist. No.
		aithers		Md 66 (16	No. death occurred in a hospital or institution, give its NA	St., Ward
	Length of residence in ci	ty or town where d	eath occurred	yrsmos	ds. How long In U, S. if of foreign birth?	yrsmosds.
2	2. FULL NAME					
	(a) Residence: No	Gaith	Usual place	of abode) Md	St., Ward.	ent give city or town and State
_	PERSONAL AN		CAL PARTI	CULARS	MEDICAL CERTIFICA	TE OF DEATH
3. :		R OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month)	25th , 193,33
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	Carrie	L War	d		FY. Thet I attended deceased from
6.	DATE OF BIRTH (month, day	y, and year)	Sent	25 T86	Library h // alive on //-	
_	AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, at	-30 Ann
I	867 66	2	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related of were as follows:	auses of Importance
2	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	articular às SPINNER, PER, etc.		~f	ing Ceretral frem	shage 11/22/23
CUPAL	9. Industry or business in work was done, as S SAW MILL, BANK, e	which SILK MILL, etc	Station	or gaso.	Maemie Jois	orund 1/23/33
ن د	10. Dete deceased last wor this occupation (more year)	ked at nth and	sper	ime (years) ntin this upation		torsioned . Oring to fa-
12.	BIRTHPLACE (city or town) (State or country)		ryland-		Other Contributory Causes of importance tierte	blas Congg
FK	13. NAME Henr	V () 107	and			
A	14. BIRTHPLACE (city or to	0			Neme of operation	Date of
_	(State or country)				What test confirmed diagnosis?	Was there en autopsy?
H L	15. MAIDEN NAME	Laura	Ricket	ts	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
S	16. BIRTHPLACE (city or to (State or country)	wn)	b.d		Accident, sulcide, or homicide? Where did injury occur?	
17.		Carrie	ard burg	d	(Specify city Specify whether injury occurred in INDUSTRY, in	r or town, county and State) HOME, or in PUBLIC PLACE
18.	BURIAL, CREMATION, OR R				Menner of injury	
	Place Jaithe	rsburg	Date	-27th 19-33	Nature of injury	
19.	UNDERTAKER Erne (Address)	st C Gaither	Gartner rsburg	d	24. Was disease or Injury In any way related to occur	cupation of deceased?
20.	FILED Non 27,	1933 al	erda G.	Garake. Registrar.	(Signed) Jacks	ereand Ind
PERM						

V. S. No. 1

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY, WIT

V. S. No. 1

TION is very important. See instructions on back of certificate.

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11315
County Montgomery	Registration Dist. No. 214
Village or City Silly Spring	No.8/0-Isling Ton St., Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosmosds.
2. FULL NAME John Scott Wats	on
(a) Residence: No. 8/0- Islandian	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHEE of Clam, Stewart Wutson.	22. I HEREBY CERTIFY, That I attended deceased from 2 1932 to 7
- DITT OF ST. 1612	I last saw h alive on 7 7 11 19 33 ; death is sald
6. DATE OF EIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
66 10 22 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Carcuing of he pate Date of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	fague of down:
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country) and and	
13. NAME William Watson 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation full stude and another Date of 11.1. 193
(State of County)	What test confirmed diagnosis? X-1 Company Was there an autopsy?
15. MAIDEN NAME (ANE Watton) 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city of town)	Accident, suicide, or homicide?, 19,
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lounce M. Burdick	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Washington Dail 1/13/, 1923	Nature of injury
19. UNDERTAKER SIL STATE	24. Was disease or Injury in any way related to occupation of deceased?
20 FILED CLOT 12 , 1933 T.S. Oudlesson	(Signed) Larry a. Q. M. D. (Address) 1801 – 10 St. u. W
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		SECRED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11010
county Montgomery	Registration Dist. No. 9-16
- DE AND	1/1/ 00 00
Village or City Chery Chase (If	ND. 701 - Description St., Ward death occurred in a hospital or inhitution, give its NAME instead of street and number)
Length of residence is gity or town where death occurred yrs mos	
2. FULL NAME / Man Landing	Veod
(a) Residence: No. 401 - Shefflerd (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wedowed Wedowed	21. DATE OF DEATH 30 193 3 (Month) (Day) (Year)
5a. If married, widowed, es divorced HUSBAND of Electrical Martin Martin Market	
(or) WIFE of	22. HEREBY CERTIEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 25, 1863	I last saw him alive on 100 79, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3. A. m.
70 2 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 8. Trade, profession, or particular Peter & Dehartment	were as follows: Themic Coma Date of onset
kind of work done, as SPINNER,	yanne Const
Sandustry or business in which	70:
work was done, as SILK MILL, W. S. Seneral weeting SAW MILL, BANK, etc Office, Washington D.C.	
this occupation (month and year) this occupation 28 1/2	
12 RIRTHPI ACE (city or town) Davenhart	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) Navana	to Maritia (alcahalia) in
13. NAME Charles J. Webb	The word (many que) Than
(State or sountry) New York	Name of operation
15. MAIDEN NAME Charlette Howden Sansing.	What test confirmed diagnosis? Was there an autopsy? Mo
I 13. MAIDER HAME CHARLES A AND MANSING	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) albany	Accident, suicide, or homicide?Date of injury
(State or country) new York	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mille A. Gentinger (Address) 1729 - F St. n. W. Washington J. C.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mashing low Dele Date Dec, 2. 19 33	Nature of Injury
19. UNDERTAKER J. VIII JEE - Sons Co. (Address) 300 - 400 20, n.E. Wash - 6- 60	24. Was disease or injury in any way related to occupation of deceased? The
(Address) 300 - 4 to so. n.E. Washing for fel	If so, specify Wade State Stat
20. FILED /2-1-, 1933 Thomas (Could	(Signed) / M. M. D. M. D
Registrar.	(Mudiess) 1:1-4-C

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	SERVINGATE OF BEATH
County Montgordery	Registration Dist. No. 239
Village or City Handy Spring Hosptal	NoSt,
Length of residence in city or town where death occurredyrsmos.	ds. How long In U. S. if of foreign birth? yrsmos d
2. FULL NAME DOPOTHY MAR WILL	iams.
(a) Residence: No. (Usual place of abode)	St., . Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write With word)	21. DATE OF DEATH (Morth) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1933, to 11/4, 193
DATE OF PIRTH (month day and wars) - Telle 75 1936	I last saw har alive on 11/1/19 19 32 death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.43 m.
one Three Elevery or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Quit Entrocolitis 9 1/3/
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. Industry or business in which work was done, as SIŁK MIŁL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) spent in this	
10. Oate deceased last worked at this occupation (month and yaar)	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) Beff 5 Ville 180. (State or country)	Cente Condiac Villation
13. NAME Arthur Williams	
13. NAME FIFTHUR WILLIAMS 14. BIRTHPLACE (city or town) 7807. (State or country)	Name of operation
15. MAIDEN NAME TROSIE F. JENKINS	23. If death was due to external causas (VIOL ENCE) fill in also the following:
15. MAIOEN NAME 7905/E F. Jenhims 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
7. INFORMANT ATTHUS Williams	(Specify city or town, county and State) Spacify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR BEMOVAL Place IVY Hell Certy Date No. 1, 6 , 19 33	Manner of injury
9. UNOERTAKER DI STIT Socialdoni (Address) Causal Med.	24. Was disease or Injury In any way releted to occupation of deceased If so, spacify
0. FILEO Nor 6 , 1983 M. Brasheare Registrar.	(Signed) D Ly M

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

1. PLACE OF DEATH	93-2
County Mouly -Cg	Registration Dist. No. 217
Village or City /3500/orle	NoSt.,Ward
(It Length of residence in city or town where reath occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)
1/1/2	To the tong in 0.0, ii of foreign britis
2. FULL NAME Stella Mai Mil	sou.
(a) Residence: No. MA any 2 md. (baual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED (write the word) The second of the	21. DATE OF DEATH
75a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 19,1871	1 last saw h & alive on 11 30 , 19 3; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 4/ am.
1841 62 18 16 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SIŁK MILL,	Cente dilitation of 11/39/30
SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end yeer) 11. Totel time (years) spont in this occupation occupation	
12. BIRTHPLACE (city or town) May large (State or country)	Dther Coutributory Causes of Importance:
	annue orgonalis 871/33
13. NAME (a. Clary) 14. BIRTHPLACE (city or town) Made (State or country)	max.
14. BIRTHPLACE (city or town)	Neme of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIDEN NAME Sarah. Wyood-	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME Sarah Wood-	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A Ry- Welson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Fachustry full 18. BURIAL, CREMATION, OR REMOVAL	
Place Whary _ Date DCC2 1933	Manner of injury
D Man O	Nature of injury
19. UNDERTAKER Crusch Cacher. (Address)	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED Dec. 1, 19 33 CSBarnsly	(Signed) M. D.
//Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V &			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMA	mation should be carefully supplied. AGE should be stated EXA	CAUSE OF DEATH in plain terms, so that it may be properly class:	
	PE	d E	rly	cate.
	IS A	state	prope	TION is very important. See instructions on back of certificate.
	HIS	be	be	of c
	LT	plno	may	back
	INK	Sh	t it	on
	SN	AGI	tha	ions
	ADI	ed.	is, se	truct
	UNE	ilqqı	term	ins.
	TH	ly sı	lain	Sec
	WI	reful	in p	ant.
	ILY,	e ca	\TH	port
)	AIL	q pl	DE,	y in
	E PI	shou	OF	ver
	RITI	ion	CSE	N is
	M	mat	CA	TIC

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(III)
County Cadwo Trook Month	Registration Dist. No. 2/1
Village or City Celar Grove	No. U
(If Length of residence in city or town where death occurred for yes	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Randalph & This	dsor_
(a) Residence: No. Celar Grove Ind. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 17 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida P. Hindsor	22. I HEREBY CERTIFY, That I attanded daceased from May 2 1932 to Nov. 17 1933
6. DATE OF BIRTH (month, day, and year) Sept. 5, 1865	I last saw house aliva on Sept. 5 , 1923 ; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abovo, at 11.30m.
68 2 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Coting of Francisco	apolably courte difatalion of
kind of work dona, as SPINNER, / Lettred frammer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	meatt Lived but a fler how 17, 1933
10. Data deceased last worked at this occupation (month and 1927 spant in this 309 spans)	gan
12. BIRTHPLACE (city or town) Mr. Clarksburg (State or country) Find.	Other Contributary Causes of importance: Coste instiguishor 1000.17,33
13. NAME Hilliam R Hindson	
14. BIRTHPLACE (city or town) Nr. Clarkship (State or country)	Name of operation
15. MAIDEN NAME Course & Tourseline	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Hyattatown (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Clask Thindsor (Address) Celas Grove (RD. Germandom) Ind.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Lakebury Cenalty Date 200 19 , 1933	Manner of Injury
19. UNDERTAKER ROOF TO Basheroff (Address)	24. Was disease or injury In any way related to occupation of deceased? 200
20. FILED Prov. 18, 1933 Della W. Burditte	(Signed) Leage M. Joyer M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year